



**PURCHASING CARD PROGRAM
MISSING DOCUMENT AFFIDAVIT**

This form should be completed for any Purchasing Card transaction that does NOT have documentation from the merchant. This should be provided to Supervisor/Budget Head as part of budget cycle reconciliation paperwork.

Cardholder Name:

Phone:

Department:

Vendor/Merchant Name:

Transaction Date (*month/day/year*):

Transaction Amount (*Total Cost*):

\$

Description/Quantity/Cost Per Item/Total Cost: (*Add an additional sheet if necessary*):

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Reason Original Documentation is Not Available

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Cardholder Certification Signature:

I attest the information provided is true and an accurate description of the details of the purchase. I confirm that every attempt to obtain a duplicate receipt by contacting the vendor has been made, but have been unable to do so and also hereby certify the following:

- All items purchased on this Purchasing Card transaction were for Delgado Community College use. No personal purchases were made.
- The Cardholder will not seek reimbursement from the Delgado Community College in any other manner for this transaction.
- Original documentation is not in Cardholder's possession for the reasons stated above.
- Cardholder acknowledges that repeated lack of documentation could result in revocation of his or her Purchasing Card.

Cardholder Signature: _____ Date: _____

Supervisor/Budget Head:

I have accepted the cardholder's explanation of the loss and inability to obtain a duplicate receipt; therefore, I am authorizing payment of the receipt or invoice in light of the circumstances involved.

Supervisor/Budget Head Print Name:

Supervisor/ Budget Head Signature: _____ Date: _____